

DO NOT WRITE IN THIS SPACE	
Case No. <b>03-RD-316974</b>	Date Filed <b>4/28/2023</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Starbucks Corporation</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>235 Delaware Ave, Buffalo, NY, 14202</b>	
3a. Employer Representative - Name and Title <b>Varinia Boyd - District Manager</b>		3b. Address (If same as 2b - state same) <b>2401 Utah Avenue South, Seattle, Washington, 98134</b>	
3c. Tel. No.	3d. Fax No.	3e. Cell No.	3f. E-Mail Address <b>vboyd@starbucks.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Coffee shop</b>		4b. Principal product or service <b>Food/Beverages</b>	

5a. Description of Unit Involved <b>Included: full-time and regular part-time Baristas, Shift Supervisors and Assistant Store Managers employed by the Employer at its store located at 235 Delaware Avenue, Buffalo New York 14202</b> <b>Excluded: including office clerical employees, guards, professional employees and supervisors as defined in the Act.</b>		5b. City and State where unit is located: <b>Buffalo, New York</b>
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6. No. of Employees in Unit <b>14</b>	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent <b>Starbucks Workers United</b>		8b. Affiliation, if any	
8c. Address <b>2495 Main Street Suite 559 Buffalo, NY</b>		8d. Tel. No.	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address <b>sbworkersunited@gmail.com</b>

9. Date of Recognition or Certification <b>04/07/22</b>	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) <b>(Insert Address)</b>		a labor organization, of <b>since (Month, Day, Year)</b>	

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) <b>05/01/23 - 05/02/23</b>	13c. Election Time(s) <b>8am- 4pm</b>	13d. Election Location(s) <b>235 Delaware Avenue Buffalo, NY 14202</b>	

14. Full Name of Petitioner <b>(b) (6), (b) (7)(C)</b>		14c. Fax No.	
14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>		14d. Cell No.	
		14e. E-Mail Address <b>(b) (6), (b) (7)(C)</b>	

14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name <b>(b) (6), (b) (7)(C)</b>		15b. Title <b>(b) (6), (b) (7)(C)</b>	
15c. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>		15e. Fax No.	
		15f. Cell No. <b>(b) (6), (b) (7)(C)</b>	

I declare that I have read the above petition and th knowledge and belief.			
Name (Print) <b>(b) (6), (b) (7)(C)</b>	Sign <b>(b) (6), (b) (7)(C)</b>	Title <b>(b) (6), (b) (7)(C)</b>	Date Filed <b>04/25/23</b>

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT**

REGION 3  
NLRB

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BUFFALO, NY

**CERTIFICATE OF SERVICE**

**Employer Name:**

**Service on the Employer**

I hereby certify that on 4/25 (date), a copy of the petition involving the Employer named above, a Statement of Position (Form NLRB-505), and a Description of Procedures (Form NLRB-4812) were served on the Employer by: (check whichever is applicable)

- e-mail to the email address shown on the petition.
- facsimile (with the permission of the Employer) to the facsimile number shown on the petition.
- overnight mail to the mailing address shown on the petition.
- hand-delivery to \_\_\_\_\_ (name of Employer's representative) at the following address: \_\_\_\_\_.

**Service on the Other Party Named in the Petition**

I hereby certify that on 4/25 (date), a copy of the petition involving the Employer named above, a Statement of Position (Form NLRB-505), and a Description of Procedures (Form NLRB-4812) were also served on Starbucks Workers United (name of party or parties) by: (check whichever is applicable)

- email to the email address shown on the petition.
- facsimile (with the permission of the party) to the facsimile number shown on the petition.
- overnight mail to the mailing address shown on the petition.
- hand-delivery to \_\_\_\_\_ (name of party's representative) at the following address: \_\_\_\_\_.

**Service on the Other Party Named in the Petition**

I hereby certify that on \_\_\_\_\_ (date), a copy of the petition involving the Employer named above, a Statement of Position (Form NLRB-505), and a Description of Procedures (Form NLRB-4812) were also served on \_\_\_\_\_ (name of party or parties) by: (check whichever is applicable)

- email to the email address shown on the petition.
- facsimile (with the permission of the party) to the facsimile number shown on the petition.
- overnight mail to the mailing address shown on the petition.
- hand-delivery to \_\_\_\_\_ (name of party's representative) at the following address: \_\_\_\_\_.

**(b) (6), (b) (7)(C)** \_\_\_\_\_  
Signature

**(b) (6), (b) (7)(C)**

4/25/2023  
Date

REGION 3  
NLRB

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BUFFALO, NY